

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County Stone
Township Lincoln
or
Village _____
or
City _____ (NO. _____)

Registration District No. 843
Primary Registration District No. 6259

File No. 26195
Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Mary S. Laster

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED married
(Write the word)

DATE OF BIRTH March 27, 1860
(Month) (Day) (Year)

AGE 50 yrs. 4 mos. 17 ds. IF LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) Benton Co Ark

NAME OF FATHER James H. Lister

BIRTHPLACE OF FATHER (City or town, State or foreign country) Tenn

MAIDEN NAME OF MOTHER Sarah E. Ponder

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Tenn

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) G P Wheeler
(ADDRESS) Se. 1st Tenn Mo

Filed Aug 9, 1910 J. M. Co.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 8, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 1910, to Aug 8, 1910, that I last saw her alive on Aug 8, 1910, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:
Cerebral Heart Disease
(Gortic Stenosis)
92 H
94 H (Duration) Don't know yrs. mos. ds.

Contributory Angina Pectoris
(SECONDARY) (Duration) ____ yrs. mos. 1 1/2 ds.

(Signed) G P Wheeler M. D.
August 8, 1910 (Address) Se. 1st Tenn Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ____ yrs. 5 mos. ____ ds. In the State 23 yrs. 5 mos. ____ ds.
Where was disease contracted if not at place of death? Don't know
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Don't know DATE OF BURIAL _____ 1910

UNDERTAKER Don't know ADDRESS _____

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it may be used only when needed. As examples: (a) *Farmer*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery store*; (a) *Foreman*, (b) *Automobile factory*. The material on the second line may form part of the second statement. Examples: *Laborer*, *Foreman*, *Manager*, *Teacher*, etc., without more precise specification, as *laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. For persons at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a salary), may be entered as *Housewife*, *Housewife—At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to specify the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up, account of the DISEASE CAUSING DEATH, state on the certificate at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sar-*

coma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia," "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Senile"), "Dropsy," "Exhaustion," "Heart failure," "Hemiplegia," "Inanition," "Marasmus," "Old age," "Rheumatism," "Uraemia," "Weakness," etc., when a definite cause can be ascertained as the cause. Always report diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. For VIOLENT DEATHS state MEANS OF DEATH, if possible, as ACCIDENTAL, SUICIDAL, or HOMICIDE, if probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

synonym is "Epidemic
diphtheria (avoid use of
"Typhoid fever"
"Typhoid pneumonia"
"Tuberculosis of lungs")

